

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT****HEALTHCARE INFORMATION DIVISION****PATIENT DISCHARGE DATA SECTION**

818 K Street, Room 100

Sacramento, California 95814

(916) 323-7679 FAX (916) 327-1262



February 2002

To: Hospital Administrator  
From: OSHPD  
Subject: MIRCal - User Registration Package

The implementation of the Medical Information Reporting for California (MIRCal) system is fast approaching. In preparation, access to MIRCal must be granted so those users at your facility are ready to use the system when it becomes available. A MIRCal User Registration process has been created to provide security and ensure access to MIRCal is granted to the appropriate individuals. Enclosed are the following user registration documents:

ENCLOSED FORMS	TO BE COMPLETED BY
1. Instructions for completing the MIRCal User Registration package	Hospital Administrator
2. MIRCal Facility User Account Administrator Agreement (with User Agreement definitions on the back)	All MIRCal User Account Administrators and Hospital Administrator
3. Agent Designation Form	Hospitals that use Designated Agents

OSHPD is requesting that each Hospital Administrator act as the focal point for disseminating and gathering the appropriate MIRCal user documentation. The enclosed documentation contains detailed information regarding security and the instructions for completing the registration process. **Please read the instructions carefully before completing the user agreement(s).**

MIRCal gives you the power to assign User Account Administrators. This individual will be given the ability to maintain the users who will have access to submit and correct your facility's confidential data. Maintenance includes adding and deleting users, modifying user demographics, resetting passwords, unlocking accounts, and changing contact information for your hospital. It is the responsibility of the Hospital Administrator to determine who will act in this role. (See Instructions for Completing MIRCal User Registration Package for more information.)

When you have completed the enclosed Facility User Account Administrator Agreement(s) and returned the original(s) to OSHPD, we will process your information and contact the User Account Administrator(s) when MIRCal is ready to be accessed (March 2002). At that time, the User Account Administrator(s) can add additional MIRCal users. Depending on the number of beds for which you are licensed, each facility can have between three (3) and seven (7) MIRCal user accounts. Up to three (3) of these accounts can be User Account Administrators.

In order to expedite the processing of your paperwork at OSHPD, please return the **signed** User Account Administrator Agreement by: February 18, 2002. If you have any questions regarding the user registration process, please contact your OSHPD analyst or call the MIRCal support line at (916) 324-6147. Thank you for your cooperation.

Cc: Primary Contact

## Instructions for Completing the MIRCal User Registration Package

To access the Office of Statewide Health Planning and Development's (OSHPD) Medical Information Reporting System for California (MIRCal), all hospitals must first complete and submit the MIRCal User Registration package which consists of the:

- MIRCal Facility User Account Administrator Agreement and
- Agent Designation Form (required only for hospitals that use Designated Agents)\*

It is the responsibility of the Hospital Administrator at each hospital to read these instructions and return the completed MIRCal User Registration Package to OSHPD. Please complete the following steps to register for MIRCal:

1. Determine who your MIRCal User Account Administrator(s) will be. This individual will be given the ability to maintain the users who will have access to submit and correct your facility's confidential data. Maintenance includes adding and deleting users, modifying user demographics, resetting passwords, unlocking accounts, and changing contact information for your hospital. This individual will be the central contact for your staff when handling user account related questions. Each hospital may designate as many as three MIRCal User Account Administrators within their hospital.
2. Once the MIRCal User Account Administrator(s) is determined, read and complete the MIRCal Facility User Account Administrator Agreement for each User Account Administrator appointed at your hospital. Make additional copies of the blank form, if necessary.
3. Does your hospital use a Designated Agent to submit their data? If so, complete the Agent Designation Form (OSHPD 1370.3) approving them to submit data on your behalf. Be sure to sign the form authorizing the Designated Agent to submit data on your behalf. Please note that Designated Agents will only have access to submit data and retrieve status of that data. Designated Agents will NOT have User Account Administrators.
4. You may make a copy of the completed forms for your records. Mail the original(s) to:

Office of Statewide Health Planning and Development  
Patient Discharge Data Section  
818 K Street, Room 100  
Sacramento, CA 95814

### **Contact Information**

Call your OSHPD Analyst or (916) 324-6147  
E-mail [mircal@oshpd.state.ca.us](mailto:mircal@oshpd.state.ca.us)

***The original must be sent and received before OSHPD can complete the processing of your forms.***

*Upon receipt and verification of these forms, OSHPD will confirm your enrollment by phone and provide MIRCal user names, passwords and the web-site address for MIRCal Data Submission. Once your MIRCal User Account Administrator(s) has access to MIRCal, they can create additional users or update facility contact information on-line directly to the OSHPD MIRCal system.*

\*The Hospital Administrator at the facility must complete and sign the Agent Designation Form (OSHPD 1370.3) approving a Designated Agent to submit data on their behalf before they will be granted access to MIRCal.

# Facility User Account Administrator Agreement

Please print clearly

## Section 1: MIRCal User Account Administrator Information (all information is required)

1. FACILITY NUMBER:	2. FACILITY NAME:		
3. NAME (FIRST, MIDDLE INITIAL, LAST):			
4. BUSINESS ADDRESS (MAILING ADDRESS):		5. UNIQUE EMPLOYEE IDENTIFIER: <i>Note: An identifier that uniquely distinguishes you within your organization.</i>	
6. BUSINESS PHONE:		7. BUSINESS FAX:	
8. E-MAIL ADDRESS:			
9. AUTHENTICATION WORDS: Remember these words, you may be asked to identify yourself with this information if you call to reset your password.			
a. Your mother's maiden name:		b. Your city of birth:	
<p>I understand that as an appointed MIRCal User Account Administrator on behalf of the hospital, I have the responsibility to:</p> <ol style="list-style-type: none"> <li>Create/add and delete user accounts for other MIRCal users within my facility. Creating a user account grants access for an individual to read, submit and correct my facility's confidential data. Deleting user accounts revokes this access.</li> <li>Modify the demographic information for my facility's Primary, Secondary and Administrator Contacts. This will be the method that OSHPD is notified of any changes in name, mailing address, phone number, and email address for each contact. Modifying contact demographic information directly changes the information on the OSHPD database.</li> <li>Reset passwords for MIRCal users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password.</li> <li>Unlock MIRCal user accounts. MIRCal will lock user accounts after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account.</li> </ol> <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>			
10. USER ACCOUNT ADMINISTRATOR SIGNATURE:		11. DATE:	

## Section 2: Facility Administrator Approval (all information is required)

12. FACILITY ADMINISTRATOR NAME:	13. FACILITY ADMINISTRATOR SIGNATURE:
14. DATE:	15. PHONE NUMBER:

The **original** of this completed form, for each User Account Administrator having OSHPD on-line access, shall be provided to OSHPD at the time it is prepared and signed.

## Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

## Facility User Account Administrator Agreement Definitions

Make a copy of the completed forms for your records. Mail the original(s) to:

Office of Statewide Health Planning and Development  
Patient Discharge Data Section  
818 K Street, Room 100  
Sacramento, CA 95814

Contact Information  
Call your OSHPD Analyst or (916) 324-6147  
E-mail [mircal@oshpd.state.ca.us](mailto:mircal@oshpd.state.ca.us)

### **SECTION 1: MIRCal User Account Administrator Information** *(All fields must be completed)* -- **To be completed by the prospective MIRCal User Account Administrator**

1. Facility Number: Provide your OSHPD assigned facility number.
2. Facility Name: Provide the name of your facility.
3. Name: Provide your full name.
4. Business Address (Mailing Address): Enter the business address where you can receive mail.
5. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization.
6. Business Phone: Provide a phone number where you can be contacted.
7. Business Fax: Provide a fax number where you can receive faxes.
8. E-mail address: Provide an email address where you can be contacted.
9. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
  - a. Provide your mother's maiden name
  - b. Provide your city of birth
10. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
11. Date: Provide the date that the facility agreement was completed and signed.

### **SECTION 2: Facility Administrator Approval** *(All fields must be completed)* – **To be completed by the Facility Administrator**

12. Facility Administrator Name: Print your name
13. Facility Administrator Signature: After you have reviewed and approved the completed Facility User Account Administrator Agreement, you must provide your signature indicating approval of person to act as the MIRCal User Account Administrator
14. Date: Date of signature
15. Phone Number: Provide a phone number where you can be reached.

### **SECTION 3: For OSHPD Use Only**

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

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## Agent Designation Form

Facilities must complete this form in order to designate a third party agent to submit data on their behalf. All information must be provided, including a signature from a facility administrator or primary contact.

*Please print clearly***Section 1: Facility Information** *(all information is required)*

1. FACILITY NUMBER :	2. FACILITY NAME:
3. FACILITY BUSINESS ADDRESS (MAILING ADDRESS):	
4. FACILITY CONTACT NAME:	5. TITLE:
6. PHONE:	7. E-MAIL ADDRESS:

**Section 2: Designated Agent Information** *(all information is required)*

8. NAME OF DESIGNATED AGENT (COMPANY NAME):	
9. BUSINESS ADDRESS (MAILING ADDRESS):	
10. CONTACT NAME:	
11. PHONE:	12. E-MAIL ADDRESS:
<b>DESIGNATION EFFECTIVE DATES</b>	
13. REPORT PERIOD BEGIN DATE:	14. REPORT PERIOD END DATE:

By signing this document, I certify that I am an official of my facility and that, I am approving the aforementioned Designated Agent to submit data on behalf of my facility for the designated effective dates.

15. NAME (PRINT):	16. TITLE:
17. SIGNATURE:	18. DATE: